

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 9 — 0 0 9

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 21, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.297

7. FEDERAL BUDGET IMPACT:

a. FFY 1998-1999 \$ -0-

b. FFY 1999-2000 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

* 10KQ & 10K(3)

Attachment 4.19-A Item 1, pages ~~10i & 10j~~9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN99-05 pending)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to modify DSH reimbursement for the
All Other Hospitals group by dividing the hospitals into 3 groups rather than 2. The Acute Care
Hospitals pool is divided into a Teaching Acute Care Hospitals pool and a Non-Teaching Acute
Care Hospitals pool and the Psychiatric Hospital pool remains unchanged.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

6/29/99

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
P O Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUNE 30, 1999

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUNE 30, 1999

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for [redacted] CLINE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

CET

* Pend ink changes made to plan pages per 5/10/01 conference call.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k(2)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

- 2) Annualization of days for the purposes of the Medicaid days pools is not permitted. Payment is based on actual paid Medicaid inpatient days for a six month period ending on the last day of the latest month at least 30 days preceding the date of payment which will be obtained by DHH from a report of paid Medicaid days by service date.
- 3) Payment is based on Medicaid days provided by hospitals in the following three pools:
 - a) Teaching Acute Care Hospitals - acute care hospitals (exclusive of distinct part psychiatric units) not included in 3.a., 3.b., or 3.c. above which are recognized under the Medicare principles of reimbursement as approved teaching hospitals. Rehabilitation, long term care, and freestanding psychiatric hospitals are always classified as such, and therefore not at any time classified as teaching hospitals, even if they have a GME program.
 - b) Acute Care Hospital - acute care, rehabilitation, and long term care hospitals not described in I.D.3.a. and I.D.3.b. above (excluding distinct part psychiatric units) are qualified for this designation.
 - c) *hospitals with* Psychiatric Hospital - Freestanding psychiatric hospitals and distinct part psychiatric units not included in I.D.3.a. and I.D.3.b. above are qualified for this designation.

STATE <u>Louisiana</u>	A
DATE REC'D <u>6-30-99</u>	
DATE APP'D <u>6-6-01</u>	
DATE EFF <u>5-21-99</u>	
HCFA 179 <u>TN 99-09</u>	

99-05

TN# _____

Approval Date _____

Effective Date _____

Supersedes

TN# _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PLAN

ATTACHMENT 4.19-A
Item 1, Page 10k(3)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

- 4) Disproportionate share payments for each pool shall be calculated based on the product of the ratio of each qualifying hospital's experience to the experience of all hospitals in the pool as determined by the report described in I.D.3.d.2). above and multiplying by an amount of funds for each respective pool to be determined by the director of the Bureau of Health Services Financing. Total Medicaid inpatient days include Medicaid nursery days but do not include skilled nursing facility or swing-bed days. Pool amounts shall be allocated based on the consideration of the volume of days weighted by multiplying by the following factors: teaching acute care hospital Medicaid days are weighted by a factor of 3, non-teaching acute care Medicaid days are weighted by a factor of 2, and psychiatric hospital Medicaid days are weighted by a factor of 1.

- 5) DSH payments shall be made prospectively once per year for the federal fiscal year. No additional payments shall be made if an increase in days is determined after audit.

STATE Louisiana
DATE RECD 6-30-99
DATE APVD 6-6-01
DATE EFF 5-21-99
HCFA 179 TN 99-09
A

Cost Reports	Date Payment	
Rec'd as of	Amounts	Payment
	Determined	Period
June 30, 1997	May 1998	10/1/97 - 9/30/98
June 30, 1998	May 1999	10/1/98 - 9/30/99

- 6) A pro rata decrease necessitated by conditions specified in I.D.2.a. above for hospitals described in this section will be calculated based on the ratio determined by dividing the hospitals' Medicaid inpatient days by the Medicaid inpatient days for all qualifying hospitals in this section, then multiplying by the amount of disproportionate share payments calculated in excess of the federal disproportionate share allotment or the state disproportionate share appropriated amount.

E. (Reserved)

99-05

TN# _____ Approval Date _____ Effective Date _____
Supersedes _____
TN# _____

APR 23 2001